

10-2022

Examining Bourdieu's Concepts of Capital, Habitus, and Field in Women's Health Research in Nigeria: A Feminist Perspective

Mary Ndu
University of Western Ontario, mndu@uwo.ca

Follow this and additional works at: <https://ir.lib.uwo.ca/healthstudiespub>




Part of the [Public Health Commons](#)

Citation of this paper:

Ndu, Mary, "Examining Bourdieu's Concepts of Capital, Habitus, and Field in Women's Health Research in Nigeria: A Feminist Perspective" (2022). *Health Studies Publications*. 114.
<https://ir.lib.uwo.ca/healthstudiespub/114>

Examining Bourdieu's Concepts of Capital, Habitus, and Field in Women's Health Research in Nigeria: A Feminist Perspective

International Journal of Qualitative Methods
Volume 21: 1–6
© The Author(s) 2022
DOI: 10.1177/16094069221136765
journals.sagepub.com/home/ijq


Mary Ndu¹ 

Abstract

Global health's persistent focus on women's health-seeking behaviour necessitates a philosophical understanding of the meaning behind women's health decision-making. In studying health-seeking behaviour, researchers use philosophical paradigms to explicate and understand complex social concepts that continue to maintain health inequities and injustices. A commonly used theory is Bourdieu's Theory of Practice. This paper examines the scholastic application of Bourdieu's theory of practice to theorize women's health-seeking behaviour in qualitative research to understand the rationale behind using health services. The theory of practice consists of four concepts: practice, habitus, field, and capital. Each concept conceptualizes the theory to find a logical meaning for social practices. The theory uses a relational approach between agency and structure to account for social life. The goal is to develop a theoretical framework from a feminist perspective to understand how women seek care with contextual factors that can inhibit or outrightly limit their agency. Researchers limit cultural capital's role in linking health-seeking behaviour to economic capital in health disparities. Additionally, in formulating women's health policies without adequate consideration of women's experiences and preferences, such policies become patriarchal, where men assume an expert knowledge of women's health, failing to recognize the diversity of experiences. In our quest to develop new theories as feminist researchers, we must acknowledge these taken-for-granted assumptions and address them.

Keywords

global health, women, Nigeria, Bourdieu, social theory of practice, health-seeking behaviour

Introduction

Access to healthcare is a critical focus of maternal health interventions aiming to address health inequities in global health. In Nigeria, access to care is a decision-induced behaviour where individuals choose to either seek care or not. As a complex concept, behaviour and its impact on global health have been the focus of many studies, applying philosophical paradigms to identify and understand how complex social structures influence behaviour and continue to perpetuate persistent health inequities and injustices. Women in Nigeria have continued to experience social injustices resulting from gender stereotyping and social, cultural, and religious norms. The current global estimate places Nigerian women as one of the most at-risk subpopulations globally, with one of the highest rates of maternal death globally at 814 deaths per 100,000 (Ope, 2020). In a culture where women are treated as

second-class citizens with limited rights to decisions making, including making healthy decisions about their bodies, Bourdieu provides a lens through which research on women's health in Nigeria can critically examine historically relevant social issues affecting women's rights and health.

Pierre Bourdieu's relational theory of practice focuses on the dynamic relations within social structures (Hossain & Ali, 2014; Uhl-Bien, 2006). Some global health scholars such as

¹Department of Health and Rehabilitation Sciences, Faculty of Health Sciences, University of Western Ontario, London, ON, Canada

Corresponding Author:

Mary Ndu, Department of Health and Rehabilitation Sciences, Faculty of Health Sciences, University of Western Ontario, 1151 Richmond Street, London, ON N6A 3K7, Canada.
Email: mndu@uwo.ca



Creative Commons CC BY: This article is distributed under the terms of the Creative Commons Attribution 4.0 License (<https://creativecommons.org/licenses/by/4.0/>) which permits any use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

Abel, (2007), Collyer et al. (2015), and Dumas et al., (2014) have theorized about the decision to seek care, situating it within Bourdieu's concept of capital, habitus, and field, while others such as Paccoud et al., (2020) and Xu & Jiang, (2020) have theorized that the interaction between structure and habitus is the background for health behaviour. Each scholar theorizes health behaviour as relational and provides a persuasive justification of using Bourdieu's theoretical framework for understanding health practices. The authors summarize Bourdieu's social practice theory's significant concepts that link or, better yet, go above the agency–structure divide (Abel, 2007; Collyer et al., 2015; Dumas et al., 2014; Paccoud et al., 2020; Xu & Jiang, 2020).

For Bourdieu (1989), social reality is a product of perception. To understand this reality, we must examine it and the perceptions that result from agents' positions in this social reality. He calls this "spontaneous sociology," which includes scientific theories as part of social reality (Bourdieu, 1989; 1998).

Applying Bourdieu's theory requires a grounded understanding of Bourdieu's philosophy, key concepts, and role in practice and experience. When examining the concepts, we must not look at each as a separate component but as embodiments of essential elements that propel the other into existence.

His theory is unique because it blends a range of philosophical arguments, styles, and accounts of social relations, fusing structural and lived experiences into an epistemologically grounded mode of inquiry that is universally applicable yet distinct. Bourdieu describes his theoretical analysis as a social analyst seeking to illuminate others' practices practically yet theoretically (Wacquant & Bourdieu, 1992). As Walther (2014) opines, Bourdieu's theory is a grand theory that applies to different fields of research and situations. Bourdieu alludes to this in his book "Practical reason of the theory of action" that while his theory does not contain the usual embellishments of grand theories, it does away with the "meaningless oppositions" which hinder a thorough examination of "objects well-defined in space and time" (Bourdieu, 1998, p. 2).

For Wacquant & Bourdieu, 1992, Bourdieu's theory disregards the usual boundaries between fields of inquiry, thus its applicability to diverse fields and situations. In explicating this theory, Bourdieu provides four concepts: practice, habitus, field, and capital. Could Bourdieu & Wacquant and others who argue that the misunderstanding of Bourdieu's theory is because of the wrong application of the theory be accurate? It is quite possible that the criticisms of Bourdieu's work result from this misunderstanding and the failure to explore the full intent of the theory. If we must grasp the theory's potency, researchers may need to look at them together as a whole and not in parts.

This paper answers the broad question, "How does Bourdieu's concept of capital, habitus, field, and practice relate to global health?". It expands a reflection on using

Bourdieu's theory of practice to theorize women's experiences accessing healthcare for themselves and their children. This paper examines the scholastic application of Bourdieu's theory of practice to theorize about health-seeking behaviour to understand the rationale behind using health services. The intention is to introduce the potential of Bourdieu's theory to understand how women decide to seek care to qualitative researchers in Nigeria while contributing to the growing body of evidence on the value of theory in methodological discourse to inform women and health policy research.

Theoretical Contributions to Methodological Issues in Women's Research

Bourdieu's theory is a methodological intent to tackle the very foundation of dualism. By forsaking and questioning the very nature of structure and agency, micro and macro, Bourdieu points to a "unified political economy of practice" and the relationship between gender, race, class, and symbolic power (Bourdieu & Wacquant, 1989, p. 26). I opine that as feminist researchers, especially within contexts like Nigeria, we risk relapsing into a mode of thinking that is a product of masculine domination, whether we like to acknowledge it or not, because we, as feminists, are a part of the objective structure we want to change, given that we have internalized perceptions that represent the historical structure of masculine rule, which unconsciously influences our representations and perception of issues in our society.

As a feminist researcher, Bourdieu's theory provides a lens to develop a practical strategy that empowers me to objectively examine myself and the factors influencing women's behaviour in general in Nigeria. In public health, theory is not adequately considered (Emerson, 2019). However, I believe it should be a fundamental component in research especially given the need to understand individual and population health.

Researchers such as Paccoud et al. (2020), Xu and Jiang (2020), and Dumas et al. (2014) illustrate the role of the theory in studying health-seeking behaviour. Paccoud et al. (2020) draw from Bourdieu to understand how different volumes of capital acquired in childhood could impact health choices later in life. Xu and Jiang (2020) show how social capital structure shaped through socialization influences habitus and the disposition to health care services. Xu and Jiang (2020) argue that distinct health behaviour results from social interactions influencing habitus to develop those specific health behaviours. Xu and Jiang build their theory on the presupposition that habitus occupies different fields with different types and volumes of capital in the social space. Xu and Jiang also argue that contextual factors within the socio-cultural dimension would differ across systems and social spaces. For instance, health-seeking within Canada's ageing population would differ from China's, where social and cultural practices have no similarities.

Dumas and colleagues (2014) draw on Bourdieu's habitus to describe the female body's conception as a tool to fulfill

imminent necessities such as taking care of the family, feeding, and shelter. They position habitus at the core of the body's structuring, "instilling a particular way to care, treat, and feed the body" (p. 4). Dumas and colleagues concentrate on issues involving a woman's social position and the role of social, cultural, and environmental factors in a woman's decision to act and prioritize needs. They theorize that the choice for necessities is a lifestyle one has adapted and accepted as necessary. Dumas and others theorize that an individual's bodily appearances would differ given the social position or class.

Paccoud and colleagues (2020) and other researchers describe a theory of health behaviour that reflects socialization's influence on acquiring material and non-material assets on people's disposition to live a healthy life. The need for health care or the decision to seek care is not just a question of choice but the influence of socialization through which habitus embodies social norms and values (Paccoud et al., 2020; Xu & Jiang, 2020).

When we consider the plethora of factors, often multifaced, that influence behaviour, it becomes crucial to understand the nature of these factors influencing behaviour, such as beliefs, values or attitudes, using a theoretical framework and examining the relationship between theory and methodology. As such, advancing feminist methodological issues requires understanding the various constructs that provide a basis for studying women's behaviour, given that theory is often ignored in feminist research in Nigeria.

Feminist research in Nigeria is rare, given the highly patriarchal context. The word feminism is often associated with rebelliousness and stubbornness. The local term "woman palava" is often used to describe feminists; as such, the feminist movement in Nigeria is not fully integrated or accepted within society. Identifying a study as a feminist study could affect the findings of the study. Despite this animosity towards feminism, there has been a tremendous increase in studies using feminist methodologies and theories for women's research (Dibia, 2020; Mejiuni, 2013; Ndukwe, 2020). Many of these researchers in Nigeria have applied the concepts of Bourdieu to women's health and empowerment issues focusing on one concept—social capital to address the power dynamics within Nigeria society (Adegoke, 2015; Dibia, 2020; Melvin & Uzoma, 2012; Ndukwe, 2020; Omigbodun et al., 2022; Omoye, 2017; Yar'Zever, 2013). For instance, Ugiagbe and Okaka (2014) used social capital to examine the role of trust in providing mental health services and patients' ability to self-regulate their health decision. Another study used it to study the coping skills of adolescent mothers during environmental disruptions such as forced marriage (Melvin & Uzoma, 2012). What remains to understand, in my opinion, is the historical relevance of the women's interaction with social structures that have resulted in such lived experiences in Nigeria. The findings from Melvin and Uzoma (2012) support the need to look beyond the consequences of norms and culture on women's behaviour and the capital they gain while navigating social structures. For

instance, Omigbodun et al. (2022), in their study of female genital mutilation (FGM) among adolescents, found that the pressure to undergo FGM was from peers who argued that it was proof of fidelity. The Nigeria demographic survey shows that one in three women support FGM. One will assume that knowing the trauma and pain of FGM, women will be at the forefront of ending the practice. Why do women continue to perpetuate masculine ideologies to the detriment of other women? I feel this has not been adequately researched to understand the intersubjective experiences of women in a male-dominated space, which should have historical relevance for feminists.

I believe Bourdieu's concepts should be learned, not as philosophical concepts but as tools to make sense of the world and ourselves as humans embodying social structures. Using Bourdieu's theory of practice, Nigerian feminist researchers can begin reconstructing ideals, norms, and social belief systems, which requires examining the ontology of oral traditions and norms passed down from generations and embodied by social occupants, recognizing the pull of patriarchy and its influence on women. In the context of Nigeria, for instance, women are brought up differently from their male counterparts. From birth, girls are groomed to be nurturers and caregivers. They are taught to exist for men's pleasure, so marriage and motherhood become the ultimate self-actualization of her existence. As such, the view we have of ourselves in our bodies are those of others; how society views us. Invariably, our social and cultural capital is primarily grounded in the values of the social and cultural domain we find ourselves. I am a woman from the Igbo tribe in Nigeria, a member of the Umuada group, and by most standards, well-educated. Yet, there is an expectation of living by the principles governing my clan, the Umuada, and the community. Failing to live within those principles could mean ostracization from my family and community. Embodying those norms and beliefs, I have criticized other women who have dared to stand against this way of life.

The Igbo social structure is made of groups, with the identity of every Igbo person embedded in the value and principles of the group to which they belong. Each community member belongs to a group based on gender classification and age. These groups function as autonomous communities, making decisions, carrying out punishment for offenders, and community projects. For instance, the Umuada is a powerful group of firstborn daughters who are administrators of women's affairs in the community. Every woman obeys a given code of conduct, failing which the woman will be fined or ostracized from the larger community, depending on the gravity of the offence. Understanding the power this group of women wields in such a community is essential to implementing sustainable women's interventions driven by the community in such environments. Although it is important to note that as powerful as they are, the group still reports to the Umunna, the men version of the group that rules the larger community (Onyesoh, 2021).

Consequently, in applying the concept of social capital to examine social determinants of health within the Igbos of eastern Nigeria, feminist researchers could study the structure of Igbo societies and their influence on women's behaviour. In contrast, while applying the same concept to northern Nigeria, where Islamic doctrines heavily influence culture, conducting an ethical study of the social systems would require a thorough understanding of the Islamic religion and its expectation of its believers.

As research explores the influence of social factors on women's experiences, we need a holistic view of the health ecosystem to situate experiences and the context's composition influencing health choices. Therefore, it is crucial to explore safe spaces to engage women to constructively reflect on those historical forces in their lives that prevent them from obtaining quality health care. With the woman at the centre, Bourdieu's concepts provide a platform where we can critically examine social systems, health systems, historical experiences, and existing norms and practices.

Consequently, to expedite the process of social change and transformation in Nigeria, feminist research can combine Bourdieu's theory with feminist research approaches to acknowledge women as experts through their lived experiences from a historical standpoint and highlight patriarchal viewpoints to engage in progressive discourse with all stakeholders.

The Concepts as Tools for Research in Global Health

The interrelated nature of Bourdieu's concepts makes it practical in qualitative research to map the foundational causes and consequences of social systems, norms, and beliefs systematically and logically. They also provide a method to explain why and how Nigerian women respond to health. Using Bourdieu's concepts, we can discern the difference and similarities within and among women in different socioeconomic groups. In fact, the concepts can illuminate the nuances in the diversity of the Nigerian health system and the divergent behaviours across the other regions. For instance, habitus offers a lens to render women's alternative ways of seeking care or determining their essential health needs. Habitus helps us conceptualize embodied beliefs, aspirations and socially constructed habits that influence a woman and her decision-making ability. The concept of the field as a social space where structures, habitus, and perspectives are oriented is where habitus thrives and strives to exist in tandem with other concepts with which it interacts (Bourdieu & Wacquant, 1989; Pinxten & Lievens, 2014; Power, 1999).

The field concept illuminates the broadness of spaces that engender women's behaviour, sometimes geographically localized. In Nigeria, the field could be the family unit, the larger community exacting expectations on women or the hospitals providing health care. For example, using the Igbo culture and family life. There is a strong sense of communal living, with

extended family relations going back generations. So, when one person is rich, everyone in the family is wealthy. The bond between members is such that your problem is everyone's problem. Making decisions is often seen as a communal activity within the smaller family units and sometimes expands to the broader family structure. A person's beliefs and actions are often dictated by what is allowed within the family. However, the community also exacts some measure of control on behaviour through its rules and expectations, which one must follow. Families ensure members know the rules and follow them. As Bourdieu (1998), we are thrown into this way of life at birth and grow up learning the family's speech patterns and mannerisms. As members, we do not have a choice; we were born into this way of life which frames our everyday life.

According to Atkinson (2014), family relation comprises several small fields. He explains that through the lens of Bourdieu's theory, we can clearly conceptualize family life, its peculiarities, and its role in forming and dismantling social structures. Nigeria is a diverse country with similar yet distinct social structures; I believe that recognizing this diversity and that within such spaces are practices and norms that are not necessarily harmful but could be leveraged to improve women's health is essential. Nigerian women may equip themselves with the knowledge or social capital consistent with their space.

Additionally, the field's structure is historically located in its past struggles and challenges, resulting in established values. For instance, if the hospital (healthcare) is a field, then the choice to seek care becomes a complex concept. It cannot be attributed to a lack of resources, agency to access care, or lived experiences with the hospital, but maybe it is socially produced and structured because of family relations and internal Doxa (Collyer et al., 2015).

In my opinion, global health promotion approaches in countries like Nigeria often reduce women's decision to seek care to a relational choice theory economics, which I opine assumes that anyone with economic capital would make healthy choices. These approaches fail to recognize that the social field where the capitals are located endows particular advantages to individuals and, even within and among groups of the same social and economic status, there may exist disparities. Therefore, for a less privileged woman, the choice of food, shelter, and care for the family would outweigh the need for health care.

Drawing from those concepts, researchers can examine Nigeria women's decision to make healthy choices for themselves and their families to understand how their decisions are influenced not just by capital—material and non-material; it could explain how the skills and dispositions acquired through socialization, and the opportunities within the social space provide easy access to health services. Nigerian health systems need to be responsive to those implicit factors that promote capital within the society to reduce the disparity gap in agency, power, and class. Research into

individuals' experiences must recognize humans' dynamic nature since people differ in their reactions and actions. As such, there is no universality to healthy behaviour as each person would experience these factors differently.

Conclusion

I believe two fundamental assumptions permeate women's health studies. First is recognizing a direct link between capital and health behaviour yet explaining health disparities and inequity from an economic dimension, minimizing the role of non-material capital, i.e., socio-cultural, or social health capital, on health behaviour. Socio-cultural capital often is reduced to a have and have not dichotomy within the discussion of social class (Khawaja & Mowafi, 2006). Thus, removing contextual factors such as the field's culture, norms, and values from the discourse. However, within Nigeria, these factors often define a woman's behaviour more than economic capital. While theorizing health in the Nigerian context, these factors must not be taken for granted.

Secondly, health policies are patriarchal. My position is informed by the knowledge that Nigerian women have been disproportionately targeted with discriminatory laws that aim to limit their freedom (Chika & Umejiaku, 2014; Okongwu, 2021). In formulating and vocalizing women's health policies without considering the experiences of those it is meant to serve, it presumes that all Nigerian women's experiences are the same, failing to recognize the distinctions that may exist. As researchers, we need to acknowledge the role some of these taken-for-granted assumptions could have on health behaviour.

Acknowledgments

Thanks to Dr Elysee Nouvet for teaching me to question my assumptions and explore different world views. Dr Gail Teachman for reviewing, providing guidance and feedback on the initial draft.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Student Verification

My graduation year is 2024. <https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fworks.bepress.com%2Fmary-ndu%2F&data=05%7C01%7C0shita.Ahuja%40sagepub.in%7C7d4cb81bfa8f41a1e18408daaffdd8e5%7C866b3abd7515461abdb412b4a1857f04%7C0%7C0%7C638015802049775976%7CUn%7Cknown%7CTWFpbGZsb3d8eyJWljoic4wLjAwMDAilCJQIjoiV2luMzIiLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C3000%7C%7C>

<https://orcid.org/0000-0002-5221-3898>

ORCID iD

Mary Ndu  <https://orcid.org/0000-0002-5221-3898>

References

- Abel, T. (2007). Cultural capital in Health Promotion. In L. Potvin, D. V. McQueen, I. Kickbusch, J. M. Pelikan, & L. Balbo (Eds.), *Health and Modernity: The Role of Theory in Health Promotion* (pp. 43-73). Springer Science & Business Media.
- Adegoke, C. O. (2015). *Key factors in enhancing the resilience of HIV positive adolescent girls in Nigeria (Issue April)*. [PhD Thesis, University of Pretoria].
- Atkinson, W. (2014). A sketch of 'family' as a field: From realized category to space of struggle. *Acta Sociologica*, 57(3), 223-235. <https://doi.org/10.1177/0001699313511470>.
- Bourdieu, P. (1998). *Practical Reason: On the theory reason of action*. Stanford University Press. https://monoskop.org/images/a/aa/Bourdieu_Pierre_Practical_Reason_On_the_Theory_1998.pdf
- Bourdieu, P., & Wacquant, L. J. D. (1989). Towards a reflexive sociology: A workshop with Pierre Bourdieu. *Sociological Theory*, 7(1), 26-63. <http://www.jstor.org/stable/202061>
- Chika, I. S., & Umejiaku, N. (2014). Discriminatory cultural practices and women's rights among the Igbos of South-East Nigeria: A Critique. *Journal of Law, Policy and Globalization*, 25, 18-28.
- Collyer, F. M., Willis, K. F., Franklin, M., Harley, K., & Short, S. D. (2015). Healthcare choice: Bourdieu's capital, habitus and field. *Current Sociology*, 63(5), 685-699. <https://doi.org/10.1177/0011392115590082>
- Dibia, K. Nn. (2020). Nigerian feminist agenda and the dynamism of revolution: A study of selected Nigerian plays. *The Creative Arts*, 14(1), 1-19.
- Dumas, A., Robitaille, J., & Jette, S. L. (2014). Lifestyle as a choice of necessity: Young women, health and obesity. *Social Theory and Health*, 12(2), 138-158. <https://doi.org/10.1057/sth.2013.25>
- Emerson, A. M. (2019). Feminism and Bourdieusian social theory in a sexual health empowerment project with incarcerated and recently released women. *Soc Theory Health*, 17(1), 57-74. <https://doi.org/10.1057/s41285-018-0068-3.Feminism>
- Hossain, F. M. A., & Ali, M. K. (2014). Relation between individual and society. *Open Journal of Social Sciences*, 02(08), 130-137. <https://doi.org/10.4236/jss.2014.28019>
- Khawaja, M., & Mowafi, M. (2006). Cultural capital and self-rated health in low income women: Evidence from the urban health study, Beirut, Lebanon. *Journal of Urban Health*, 83(3), 444-458. <https://doi.org/10.1007/s11524-006-9051-8>
- Mejiuni, O. (2013). Research as informal and mutual learning: Reflections on two feminist studies in Nigeria. *African Journal of Teacher Education*, 3(2), 1-21. <https://doi.org/10.21083/ajote.v3i2.1977>
- Melvin, A. O., & Uzoma, U. V. (2012). Adolescent mothers' subjective well-being and mothering challenges in a Yoruba

- community, southwest Nigeria. *Social Work in Health Care*, 51(6), 552–567. <https://doi.org/10.1080/00981389.2012.679020>
- Ndukwe, C. U. (2020). *A feminist study of women using mobile phones for empowerment and social capital in Kaduna, Nigeria (issue January)*. [PhD thesis, University of Salford]. https://www.proquest.com/dissertations-theses/feminist-study-women-using-mobile-phones/docview/2563508127/se-2?accountid=14433%0Ahttps://www.redi-bw.de/links/unitu?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&genre=dissertations&sid=P
- Okongwu, O. C. (2021). Are laws the appropriate solution: The need to adopt non-policy measures in aid of the implementation of sex discrimination laws in Nigeria. *International Journal of Discrimination and the Law*, 21(1), 26–46. <https://doi.org/10.1177/1358229120978915>
- Omigbodun, O., Bella-Awusah, T., Emma-Echiegu, N., Abdulmalik, J., Omigbodun, A., Doucet, M. H., & Groleau, D. (2022). Escaping social rejection, gaining total capital: The complex psychological experience of female genital mutilation/cutting (FGM/C) among the izzis in Southeast Nigeria. *Reproductive Health*, 19(1), 1–18. <https://doi.org/10.1186/s12978-022-01348-3>
- Omoye, M. (2017). Cultural influence in the consumption of herbal medicine among Nigerian women: A theoretical exploration. *Miscellanea Anthropologica et Sociologica*, 18(8), 193–206.
- Onyesoh, J. (2021). Umuada: A Sociopolitical Institution for Peacebuilding and Conflict Management in Nigeria. *International Feminist Journal of Politics*, 24. DOI:10.1080/14616742.2022.2083652.
- Ope, B. W. (2020). Reducing maternal mortality in Nigeria: addressing maternal health services' perception and experience. *Journal of Global Health Reports*, 4(e2020028.). <https://doi.org/10.29392/001c.12733>
- Paccoud, I., Nazroo, J., & Leist, A. (2020). A Bourdieusian approach to class-related inequalities: the role of capitals and capital structure in the utilisation of healthcare services in later life. *Sociology of Health and Illness*, 42(3), 510–525. <https://doi.org/10.1111/1467-9566.13028>
- Pinxten, W., & Lievens, J. (2014). The importance of economic, social and cultural capital in understanding health inequalities: Using a Bourdieu-based approach in research on physical and mental health perceptions. *Sociology of Health & Illness*, 36(7), 1095–1110. <https://doi.org/10.1111/1467-9566.12154>
- Power, E. M. (1999). An introduction to pierre Bourdieu's key theoretical concepts. *Journal for the Study of Food and Society*, 3(1), 48–52. <https://doi.org/10.2752/152897999786690753>
- Ugiagbe, E. O., & Okaka, E. (2014). Social capital and mental health issues in the Nigerian environment. *Journal of Nursing, Social Studies, Public Health and Rehabilitation*, 3(4), 143–153.
- Uhl-Bien, M. (2006). Relational leadership theory: Exploring the social processes of leadership and organizing. *Leadership Quarterly*, 17(6), 654–676. <https://doi.org/10.1016/j.leaqua.2006.10.007>
- Wacquant, L., & Bourdieu, P. (1992). *An invitation to reflexive sociology* (pp. 1-59). Polity: Cambridge.
- Walther, M. (2014). *Repatriation to France and Germany: A Comparative Study Based on Bourdieu's Theory of Practice*. Germany: Springer Fachmedien Wiesbaden.
- Xu, P., & Jiang, J. (2020). Individual capital structure and health behaviors among chinese middle-aged and older adults: A cross-sectional analysis using Bourdieu's theory of capitals. *International Journal of Environmental Research and Public Health*, 17(20), 1–17. <https://doi.org/10.3390/ijerph17207369>
- Yar'Zever, I. (2013). Knowledge and Barriers in utilization of maternal health care services in Kano state, Northern Nigeria. *European Journal of Biology and Medical Science Research*, 1(1), 1–14.